



Reset Form

Print Form

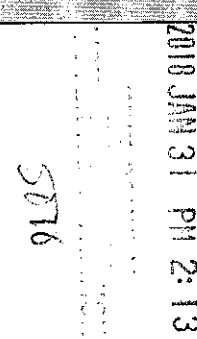
Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Sean Calhoun							
Street Address	3607 Bon View Dr							
City	Erie	State	PA	Zip Code	16506			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/5/17	1/31/2018	
A. Amount Brought Forward From Last Report	\$	3101.24	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	3101.24	
D. Total Expenditures (From Schedule III)	\$	325.28	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2775.96	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

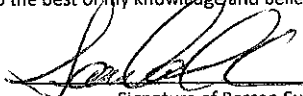
Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31 day of January 20 18
 Linda S. McCabe
 Signature


 Signature of Person Submitting report
 SEAN CALHOUN
 Printed Name

My Commission expires 4 24 2021
 MO. DAY YR.
 Commonweath of Pennsylvania - Notary Seal
 LINDA S. McCABE, Notary Public
 Erie County
 My Commission Expires April 24, 2021
 Commission Number 1275544

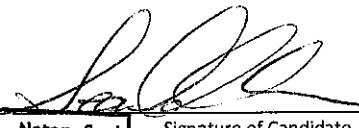
602-8595
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

31 day of January 20 18
 Linda S. McCabe
 Signature
 My Commission expires 4 24 2021
 MO. DAY YR.
 Commonweath of Pennsylvania - Notary Seal
 LINDA S. McCABE, Notary Public
 Erie County
 My Commission Expires April 24, 2021
 Commission Number 1275544


 Signature of Candidate
 SEAN CALHOUN
 Printed Name
 602-8595
 Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid				Date [MM/DD/YYYY]		\$	50.00
Max Lorei				6/23/17			
House #	5940	Street Address	Spires Dr.		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509 Headshots		
To Whom Paid				Date [MM/DD/YYYY]		\$	275.28
Creative Imprint Systems				6/23/17			
House #	2670	Street Address	W. 11th St		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505 Campaign Merchandise		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State		Zip Code	
Description of Debt							